

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041858

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

50

Primary Registration District No.

4072

Registrar's No.

65

FILED DEC 12 1962

1. PLACE OF DEATH

a. COUNTY

Camden

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Linn Creek

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Linn Creek

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Camden

c. CITY
OR TOWN

Linn Creek

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

Linn Creek

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Robert

Monroe

Test

4. DATE
OF DEATH

Month

Day

Year

Dec

3

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Oct 10-1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

1

23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farming

10b. KIND OF BUSINESS OR INDUSTRY

Farmer

11. BIRTHPLACE (City and state or country)

Camden County Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Perry Test

13b. MOTHER'S MAIDEN NAME

Ann Amos

14. NAME OF HUSBAND OR WIFE

Della Test

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Della Test

Address

Linn Creek, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chr Hypertensive Heart Disease with congestive

INTERVAL BETWEEN ONSET AND DEATH

5 years

DUE TO (b)

type cardiac failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

Arteriosclerosis generalized

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Prostatic Hypertrophy

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 1 1962 to Nov 23 62 and last saw her him alive on Nov 23 62

Death occurred at Dec 3 7:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Thos. A. Wayland MD

22b. ADDRESS

Camden, Missouri

22c. DATE SIGNED

Dec 5 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 5- 1962

23c. NAME OF CEMETERY OR CREMATORY

Union Cemetery

23d. LOCATION (City, town, or county)

Camden County

Mo

24. FUNERAL DIRECTOR

Robert H. Reed

ADDRESS

Camden, Mo

25. DATE RECD. BY LOCAL REG.

Dec. 5-1962

26. REGISTRAR'S SIGNATURE

Zilpha J. Iraw.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

0150

20150

3

4 0

5 1

6

7 0

8 2

9443X

10

11

1290-0

132-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.